

Education tips – Preventing cancer

Only a small percentage of patients we see who are worried about cancer will turn out to have cancer but these presentations should be seen as **'teaching moments'**, opportunities to educate patients on the **lifestyle changes** that can help prevent cancer.

These 'teaching moments' could also be used to encourage patients to take part in National **Screening** Programmes which we will be discussing in later editions of the newsletter.

It is estimated that over **40% of cancers are preventable**, and research into cancer prevention is currently underway.

Lifestyle changes to note to patients include:

Obesity – many patients don't realise that being overweight represents an increased cancer risk. The clearest links are with colorectal, endometrial, kidney, oesophageal and post-menopausal breast cancer.

Smoking – Patients may be aware of the increased risk of lung cancer with smoking, yet may not be aware that smoking can cause other cancers including **prostate cancer**.

A study in the American Medical Association journal showed that smoking can lead to:

- An increased risk of developing prostate cancer
- An increased risk of having an aggressive form of prostate cancer
- An increased risk of recurrence in those with a diagnosis of prostate cancer

Therefore, when a patient asks about the PSA test it could be an opportunity to ask about smoking.

Diet – Approximately **10% of cancers can be attributable to dietary factors**. The main links are with a deficiency of fresh fruit and vegetables, an excess of red and processed meats and a diet high in salt ([Parkin et al, British Journal of Cancer, 2011](#)). So if a patient is concerned about cancer, it is an opportunity to remind them about healthy eating.

There are other important lifestyle factors to consider such as excess **exposure to UV**, lack of exercise and drinking too much alcohol. The report in the [British Journal of Cancer](#) also suggests that **4% of all cancers could be attributable to excess alcohol intake**. These are mainly upper aero-digestive tract cancers and oesophageal cancer.

Aspirin – A meta-analysis of RCTs comparing aspirin to placebo ([Lancet 2011;377:31-41](#)) showed that in those over 55 years old taking aspirin did reduce cancer deaths. There were limitations to this study and the harms of taking aspirin couldn't be directly assessed. Further studies have shown a reduced incidence of cancer of 25% may be seen as early as three to four years after starting taking aspirin, and that the benefits increased with time ([Lancet](#)

[Oncol 2012;13:518](#)). Further studies looked specifically at colorectal cancer and showed a reduced incidence of colon cancer and a reduced mortality from colon cancer ([Lancet 2010;376:1741 editorial 1713](#)). Population level use of aspirin as primary or secondary prevention is not currently recommended but evidence is emerging.

OCP – There is evidence that use of the OCP can lead to a reduced risk of various cancers including colon, uterine and ovarian ([BMJ 2007;335:651](#)). There is an increased risk of cervical cancer but the increase is small.

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